

Toxicology and Carcinogenesis Studies of Androstenedione

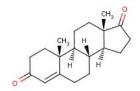
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National Institute of Environmental Health Sciences

NTP Board of Scientific Counselors
Technical Reports Review Subcommittee Meeting
February 25, 2009



Nomination and Exposure



- Androstenedione (Andro) was nominated for study by NCI due to health concerns from its chronic use by athletes and bodybuilders
- Androstenedione was promoted as an anabolic hormone (of questionable efficacy) in dietary supplements. Common routes were oral, sublingual, and dermal
- Recommended doses ranged from 100 1200 mg/day (70 kg person = 1.4 - 17.1 mg/kg/day)
- In 2004, androstenedione was banned for sale in dietary supplements due to Anabolic Steroid Control Act

Metabolism

Androstenedione CYP19 Androstenedione CH3 ANDROSTENE CH3 H ANDROSTENE ANDROSTENE CH3 H ANDROSTENE ANDROSTENE ANDROSTENE ANDROSTENE ANDROSTENE ANDROSTENE CH3 H ANDROSTENE ANDROSTENE



Study Rationale and Objectives

- Objective: characterize the chronic toxicity and carcinogenic activity of androstenedione in F344/N rats and B6C3F1 mice
- · Study design:
 - Genetic toxicity studies (in vitro and in vivo)
 - Subchronic gavage studies in F344/N rats and B6C3F1 mice
 - Chronic gavage studies in F344/N rats and B6C3F1 mice



Subchronic and Genetic Toxicity Studies

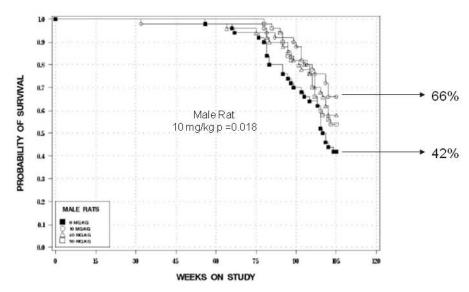
- Doses: 0, 1, 5, 10, 20, and 50 mg/kg/d (aqueous 0.5% methyl cellulose)
- · 2 week studies in rats and mice:
 - No dose limiting effects
 - Liver peroxisome and cell proliferation assays were negative in mice and rats
- 3 month studies in rats and mice:
 - No dose limiting effects; treatment related effects in adrenal X-zone of female mice
 - Reduction in spermatozoa numbers (rat) and motility (mouse) suggest possible adverse effects on reproduction
- · Genetic Toxicity:
 - Androstenedione was negative in NTP bacterial assays
 - Bone marrow micronucleus assay was negative in rats
 - Peripheral blood erythrocyte micronucleus test was negative in male mice, equivocal in females (50 mg/kg)



Androstenedione Doses for Chronic Exposure Study

- Dose levels selected for chronic exposure (2 year) were:
 - 0,10, 20 and 50 mg/kg/d for rats and male mice due to:
 - · No observed intolerable dose effects in subchronic studies
 - Limit of gavageability at 50 mg/kg/d
 - 0, 2, 10, and 50 mg/kg/d for female mice:
 - · suspected ovarian atrophy in the 3 month study
 - · not confirmed by PWG

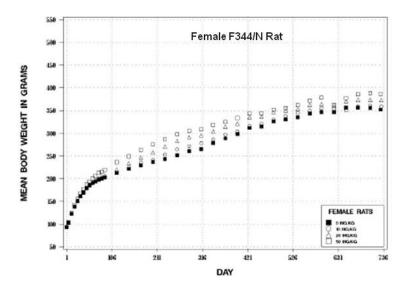
F344/N Rats Survival Curves during Chronic Exposure



No treatment effects on survival in female rats (76, 74, 66, 74%)



F344/N Rats Growth Curve during Chronic Exposure



No treatment effects in male rat growth



Mononuclear Cell Leukemia Incidence in F344/N Rats

	0 mg/kg	10 mg/kg	20 mg/kg	50 mg/kg
Male	26	22	18*	18*
Female	5* (10%)	11(22%)	18*** (36%)	15*(30%)

* p < 0.05, *** p < 0.001

Female HC: Same route 17% (10-24%), all routes 22% (8-40%); Historical Controls from same route and all routes includes the current control

^{*} in control group indicates statistically significant trend



Alveolar/bronchiolar Neoplasm Incidences in the F344/N Rat

	0 mg/kg	10 mg/kg	20 mg/kg	50 mg/kg
<u>Male</u>				
Adenomas	0	0	5* (10%)	2 (4%)
Adenoma or Carcinoma	0	0	5* (10%)	3 (6%)

^{*} p < 0.05

Adenomas: Same route 1.0% (0-2%), all routes 2.4% (0-8%)

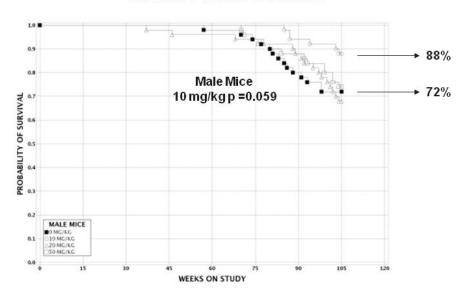
Adenomas or Carcinomas: Same route 1.0% (0-2%), all routes 3.4% (0-10%)

Decreasing Incidences of Lesions in the F344/N Rat

	0 mg/kg	10 mg/kg	20 mg/kg	50 mg/kg
<u>Male Testis</u>				
Testis Interstitial Cell Adenoma	42***	39	36	26***
Bilateral Adenoma	29	29	28	10**
Female Mammary Gland				
Multiple Fibroadenomas	17	13	6**	3**
Fibroadenoma	35***	31	22**	12***
Fibroadenomas, Adenoma, or Carcinomas	37***	32	22**	12***
Hyperplasia	48	40**	35**	23**
Cyst	15	3**	9	3**

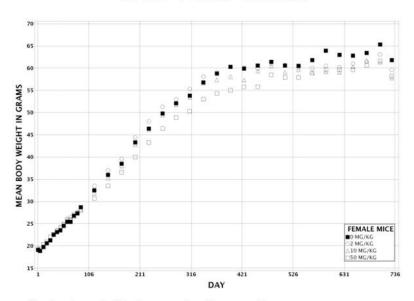
^{**} p < 0.01, *** p < 0.001 * in control group indicates statistically significant trend

B6C3F1 Mice Survival



No treatment effects on female survival (73, 80, 82, 82%)

B6C3F1 Mice Growth



No treatment effects on male mice growth

10 and 50 mg/kg/d Female mice weights were lower than controls



Hepatocellular Neoplasm Incidence in Male B6C3F1 Mice

	0 mg/kg	10 mg/kg	20 mg/kg	50 mg/kg
Multiple Adenoma	16	27*	23	34**
Adenomas	32**	38	29	43**
Multiple Carcinoma	7	12**	10	17**
Adenoma or Carcinoma	41*	47	42	48*
Multiple Hepatoblastoma	0	1	1	3
Hepatoblastoma	3	8	7	8
	(6%)	(16%)	(14%)	(16%)
A denoma, Carcinoma, Hepatoblastoma	41*	47	43	48*

^{*}p < 0.05, ** p < 0.01

Hepatoblastomas: Same route 5.0% (4-6%), all routes 3.3% (0-34%)

^{*} in control group indicates statistically significant trend



Hepatocellular Neoplasm incidence in Female B6C3F1 Mice

	0 mg/kg	2 mg/kg	10 mg/kg	50 mg/kg
Multiple Adenoma	4	7	7	17**
Adenomas	14***	16	18	28**
Multiple Carcinoma	1	2	5	4
Carcinoma	5	13*	15*	15*
Adenoma or Carcinoma	17**	23	27	32***

 $^{^*}$ p < 0.05, ** p < 0.01, *** p < 0.001 * in control group indicates statistically significant trend



Pancreatic Lesions in B6C3F1 Mice

0 mg/kg	10 mg/kg	20 mg/kg	50 mg/kg
2 (4%)	2 (4%)	2 (4%)	5 (10%)
0	0	0	1
729 (T)	729 (T)	620	493
0 mg/kg	2 mg/kg	10 mg/kg	50 mg/kg
0	2 (4%)	4 (8%)	4 (8%)
	2 (4%) 0 729 (T) 0 mg/kg	2 (4%) 2 (4%) 0 0 729 (T) 729 (T) 0 mg/kg 2 mg/kg	2 (4%) 2 (4%) 2 (4%) 0 0 0 729 (T) 729 (T) 620 0 mg/kg 2 mg/kg 10 mg/kg

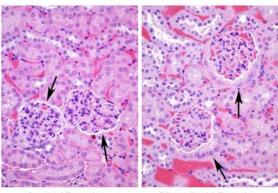
Male: Same route 2.0% (0-4%), all routes 1.2% (0-6%) Female: Same route 1.1% (0-2%), all routes 0.8% (0-2%)



Masculinization in Female B6C3F1 mice

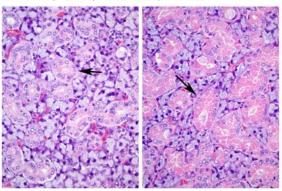
	0 mg/kg	2 mg/kg	10 mg/kg	50 mg/kg
Glomerulus Metaplasia	2 (1.5)	1 (2.0)	5 (1.0)	27** (2.0)
Submandibular Salivary Gland Cytopl. Alter.	0	17** (1.2)	40** (1.4)	45** (2.5)

** p < 0.01



Control Female 50 mg/kg/d Female
Glomerulus Metaplasia

1=minimal, 2=mild, 3=moderate, 4=marked



Control Female 50 mg/kg/d Female
Submandibular Salivary Gland
Cytoplasmic Alteration

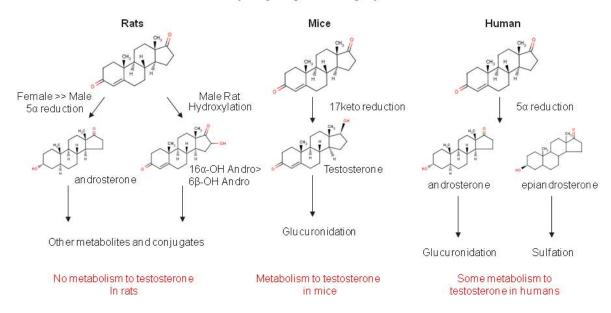


Chronic Study Conclusions

- Equivocal evidence of carcinogenic activity in male F344/N rats:
 - Increase incidence of alveolar/bronchiolar adenomas and combined adenomas and carcinomas
- Equivocal evidence of carcinogenic activity in female F344/N rats:
 - Increased incidence of mononuclear cell leukemia
- Clear evidence of carcinogenic activity in male and female B6C3F1 mice:
 - Increased incidence of hepatocellular neoplasm multiplicity and total combined neoplasms (males). Increased incidence of hepatocellular adenomas and carcinomas (females)
 - Increased incidence of pancreatic islet cell adenomas were also considered related to treatment



Androstenedione Metabolism in Hepatocytes (major pathways)



 5α reduction intermediate 5α -androstanedione not shown